

25799

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1957

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. 6027 Registrar's No. 1

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp/		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eminence
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Mrs. Thomas Swyers Home of Sister		Length of stay in lb 3 months	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First AMBROSE Middle EARL Last MARTIN			4. DATE OF DEATH Month 7 Day 20 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 20, 1989
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Larborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____
11. BIRTHPLACE (City and state or country) Eminence, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samual Martin		14. MOTHER'S MAIDEN NAME Sarah Purcell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Thomas Swyers, Corridon., Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from April 1957 to July 20, 1957 and last saw him alive on July 20, 57 Death occurred at 2 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Loye M. Maloy M.D.		22b. ADDRESS Ellington, Mo	22c. DATE SIGNED 7/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Polk Cemetery	23d. LOCATION (City, town, or county) (State) Jackson Twp. Missouri
24. FUNERAL DIRECTOR Chas. Bennett Ellington Mo		25. DATE RECD. BY LOCAL REG. July 27/57	26. REGISTRAR'S SIGNATURE Alma Jarred

(Licensed Embalmer's Statement on Reverse Side)

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Received : 7-31-57

Reynolds County Health Department

File No. 757-20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Chas. S. Cantt,* .....  
Licensed Embalmer No. .... 4

P. O. Address Ellington, .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.